

Program Description

This program will focus on practical methods which clinical laboratories can use to remain alert for the agents of bioterrorism. Participants will learn about surveillance, evaluation and confirmatory procedures which can be integrated into the routine work of the microbiology laboratory. Procedures for referring suspect cases will also be discussed.

In this hands-on course, participants will spend time examining actual cultures and organisms in a laboratory setting.

Who Should Attend

This intermediate-level workshop is designed for supervisors or laboratorians working in hospitals and other laboratories who may handle clinical microbiology specimens.

Participation is limited to 20 laboratorians. Preference will be given to facilities who have not had a laboratorian attend this workshop in the past.

NLTN—Nashville Office
P.O. Box 160385
Nashville, TN 37216-0385

Nashville, TN

January 14, 2005

April 8, 2005

August 12, 2005

October 21, 2005

A Plan of Action: Bioterrorism Preparedness for Clinical Labs




**Cosponsored by:
National Laboratory
Training Network**

**and the
Tennessee Department
of Health Laboratory
Services**



Objectives

At the conclusion of this workshop, participants should be able to:

- Discuss the role of the clinical laboratory in discovering organisms targeted for use in acts of bioterrorism.
 - Explain the safety implications of handling suspected organisms in clinical specimens and isolates.
 - Describe the clinical and laboratory features of the primary agents likely to be involved in a bioterrorist event
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- Recognize culture, staining and biochemical characteristics of bioterrorist organisms.
 - Apply information presented to clinical scenarios in order to avoid identification pitfalls.
 - Outline the process for transporting suspect organisms to and contacting the Tennessee Department of Health Laboratories.
- including anthrax, plague, botulism, tularemia, brucellosis, glanders, and melioidosis.

Faculty



Faye Abdulla, BS, M(ASCP) Laboratory Preparedness Coordinator, Tennessee Department of Health

Donald Goodvich, Jr., M(ASCP)SM, MT(HEW) Safety and Bioterrorism Preparedness Coordinator, Tennessee Department of Health

Michael W. Kimberly, DrPH, MPH, HCLD Director, Laboratory Services, Tennessee Department of Health

Location and Fee

Tennessee Department of Health
Laboratory Services
630 Hart Lane
Nashville, TN 37216

Registration Fee: \$10.00

Agenda

8:30	Registration	12:15	Lunch (provided)
9:00	Overview of Bioterrorism	1:00	Laboratory Exercises
9:15	Bioterrorism: Are We Ready?	2:15	TDH Laboratory's Role in Bioterrorism Preparedness
9:45	The Laboratory Response Network	2:45	Break
10:00	Safety in a Clinical Laboratory	3:00	Applying What You Have Learned: Case Studies
10:30	Break	4:30	Questions and Answers, Evaluations
10:45	Identification of Organisms Targeted for Use in Acts of Bioterrorism	4:45	Adjourn

Continuing Education

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 6.5 contact hours.

Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN Nashville Office at least two weeks prior to the workshop by calling 615-262-6315.

For Additional Information

Contact the National Laboratory Training Network at: 615-262-6315 or 800-536-NLTN (SE only) or by e-mail at: seoffice@nltn.org.

The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

National Laboratory Training Network Registration Form

(Please type or print.)

Training Event Title: A Plan of Action: Bioterrorism Preparedness for Clinical Labs

Event Type: Workshop

Dates: ____January 14, 2005 (588-401-05)

____April 8, 2005 (588-402-05)

____August 12, 2005 (588-403-05)

____October 21, 2005 (588-404-05)

Applicant Information:

(Dr./Mr./Miss./Ms./Mrs.)

Title: _____ First Name: _____ M.I. _____ Last Name: _____

Position Title: _____ State Licensure Number: (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

City: _____ State/Country: _____ Zip/Postal Code: _____

Work Phone Number: _____ Work Fax Number: _____

E-mail Address: _____ (E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: _____ **Date:** _____

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation

Physician 01
Veterinarian 02
Laboratorian 04
Nursing Professional 05
Sanitarian 06
Administrator 08
Safety Professional 11
Educator 13
Epidemiologist 14
Environmental Scientist 15
Other 12

Type of Employer

Health Department (State or Territorial) 01
Health Department (Local, City or County) 03
Government (Other Local, not City or County) 04
Centers for Disease Control and Prevention 05
U.S. Food and Drug Administration 09
U.S. Department of Defense 11
Veterans Administration Medical Center/Hospital 12
Other (Federal Employer) 15
Foreign 16
College or University 19
Private Industry 21
Private Clinical Laboratory 23
Physician's Office Laboratory/Group Practice 24
Hospital (Private Community) 17
Hospital (Other) 33
State Funded Hospital 25
City or County Funded Hospital 26
Health Maintenance Organization 28
Non-profit 31
Unemployed or Retired 32
Other 30

Education Level (Highest Completed)

Degree
Associate 04
Bachelor 05
Masters 06
Doctoral (M.D.) 07
Doctoral (Other than M.D.) 08
Technical/Hospital School 09
Some College 03
High School Graduate 02
Some High School 01
Other 10

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003).

Registration Fee: \$10.00

Registration Deadline: Two weeks prior to each workshop date

- ☐ Enclosed is my check or money order payable to APHL.
- ☐ Enclosed is a Purchase Order, please bill me.
- ☐ Bill my credit card. (Circle one.)
VISA Master Card
American Express

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Card Holder's Signature: _____

Date: _____

Amount of Payment: _____

YES! I would like to receive your electronic NLTN Newsletter!

Name: _____

E-mail: _____

Please print clearly – we frequently have e-mails not delivered because we cannot read the writing and enter it incorrectly!

Submit your completed registration form to:

NLTN Nashville Office

P.O. Box 160385

Nashville, TN 37216

Or by Fax to: 615-262-6441

Refund Policy: Cancellations prior to deadline will be refunded minus a \$5.00 processing fee. Cancellations after the deadline date will not be refunded. Registrations which cannot be accepted due to over enrollment will be refunded in full.